



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey Board of Massage and Bodywork Therapy

124 Halsey Street, 6th Floor, P.O. Box 47032

Newark NJ 07102

(973) 504-6520

Re: Applicant's Name: _____

Out-of-State
Supervising Faculty Member Certification

I, _____, am the supervising faculty member of Applicant
_____ at _____ (name and address
of school).

- ☐ I am not licensed to practice massage and bodywork therapy in New Jersey, however, I am legally authorized to perform massage and bodywork in the State in which the school exists.

Consistent with N.J.A.C. 13:37A-2.1(d)5, I have supervised 100 hours of clinic practice performed by the above named Applicant.

Date

Name of supervising faculty member